Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

Applicant Name: Pradeep K	UMar		
Date Received: No time Stamp A	pplicant Number:	10025	
Recommended Applicant Pool Status:	Final Applicant Poo	l Status:	
Included Removed	Included	Removed	
REQUIREMENTS:			
1. Was the application received before the submission deadline?			
If NO, list time/date application was received:			
2. Is the application complete?			
If NO, list the item(s) that need to be completed:			
3. Indicate how the applicant responded to the following questions:			
A. Student enrolled in a college/university in the City of Austin?		□Yes □No	
If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:			
i. Reside in the City of Austin?		□Yes □No	
ii. Registered to vote in the City of Au	stin?	☐Yes ☐No	
iii. Continuously registered to vote in	the City of Austin?	□Yes □No	
iv. Voted in 3 of the last 5 City of Aust	in general elections?	∐Yes □No	
		_	
Follow-up needed related to REQUIREMENTS?		□Yes □No	
If YES, identify issue(s) addressed and dispos	sition:		

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<u>CC</u>	ONFLICTS OF INTEREST:	/
4.	Did the applicant respond "Yes" to any conflict of interest of the second of the secon	rest questions?
*	Follow-up needed related to CONFLICTS OF INTEREST? If YES, identify issue(s) addressed and disposition:	□Yes □No
	ONSISTENCY: Are applicant answers consistent? If NO, indicate which answer(s):	Ŭyes □No
*	Follow-up needed related to CONSISTENCY? If YES, identify issue(s) addressed and disposition:	□Yes □No
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	Application Reviewed By:	Review Date: 2/6/13
(Quality Control Review By:	QC Review Date: 2 (18/13
F	Follow-up Contact(s) Reviewed By:	Date: